

O I P E
AUG 27 2003

In re Application of: YASUDA et al.
 Application No. 09/890,103
 Filed: September 25, 2001
 For: MAGNETORESISTANCE SENSOR ELEMENT AND METHOD OF FABRICATING THE MAGNETORESISTANCE ELEMENT

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Corres. and Mail

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 PATENT
 Attorney Docket No. 401312

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 RESPONSE UNDER 37 CFR 1.116
 EXPEDITED PROCEDURE
 EXAMINING GROUP 1211

Transmitted herewith is a response to an office action in the subject application.

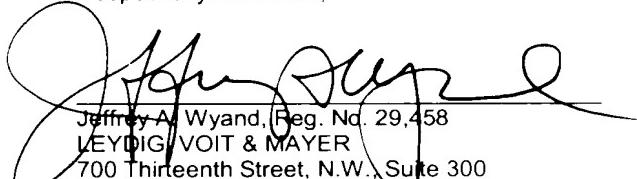
- Applicants claim small entity status of this application under 37 CFR 1.27.
- Petition for Extension of Time
 - Applicants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$110.00 (enclosed).
 - Applicants believe that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, Applicants hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- No additional claim fee is required.
- Other:

The claim fee has been calculated as shown below:

			HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	SMALL ENTITY RATE	ADDT. CLAIM FEE	OTHER THAN A SMALL ENTITY RATE	
TOTAL		MINUS		=	x 9=	\$	x 18=	\$
INDEPENDENT		MINUS		=	x 42=	\$	x 84=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 140=	\$	+ 280=	\$
					TOTAL	\$	TOTAL	\$

- Please charge my Deposit Account No. 12-1216 in the amount of \$. A duplicate copy of this sheet is attached.
- A check in the amount of \$ is attached.
- The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



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Date: August 27, 2003
 JAW:ives